



NIDDERDALE
RURAL DISTRICT COUNCIL

ANNUAL REPORT


OF THE

Medical Officer of Health

and

Chief Public Health Inspector.

For the year 1962.



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THE HEALTH COMMITTEE

as at 31.12.62

Chairman: Colonel S. Rhodes, C.B., D.S.O.

Vice-Chairman: Councillor Baden Powell

Councillor	Mrs. V. O. Ambler	Councillor	F. Hildreth
„	E. T. N. Baker	„	Major Sir J. W. V. Ingilby, BT.
„	Capt. R. C. Barrett	„	Sir Henry Lawson- Tancred, BT.
„	S. Bellerby	„	J. D. Leather
„	G. N. Bott	„	E. L. Lofthouse
„	Brig. G. S. Brunskill, M.C., C.B.E.	„	J. Orton
„	R. C. Burton	„	S. E. Parker
„	F. Cockroft	„	H. Procter
„	J. Cooper, J.P.	„	G. E. Richardson
„	J. F. G. Cordingley	„	Mrs. G. J. H. Ryott
„	W. H. Dunkley	„	E. Slater
„	A. T. Gregson	„	T. T. Stephenson
„	J. A. Hardcastle	„	G. R. Yeoman

PUBLIC HEALTH OFFICERS OF THE COUNCIL

Medical Officer of Health:

N. V. HEPPLER, M.D., B.S., B.Hy., D.P.H.

Deputy Medical Officer of Health:

SHEILA F. SCHOFIELD, M.B., Ch.B., D.C.H., D.P.H.

Surveyor and Chief Public Health Inspector:

G. TEALE, M.R.S.H., M.A.P.H.I.

Certified Inspector of Meat and other Foods.

Senior Assistant Surveyor and Public Health Inspector:

J. KEIR, A.R.S.H., M.A.P.H.I.

Certified Inspector of Meat and other Foods.

Additional Public Health Inspector:

M. F. DODSWORTH, M.A.P.H.I.

Certified Inspector of Meat and other Foods.

Clerical Staff: Engineer, Surveyor and Health Department:

Miss D. I. ANDERTON

Mrs. M. ROLLINSON

Miss J. BELLERBY

Telephone Number
Knaresborough 3168.

Claro Chambers,
Knaresborough.

To the Chairman and Members of the

NIDDERDALE RURAL DISTRICT COUNCIL

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present for your consideration the Annual Report on the health of your district and the work of your Health Department during the year 1962.

The infectious diseases have given very little trouble during the year, with the notable exception of smallpox, of which there were several cases in neighbouring areas of Yorkshire in February. There were several contacts living in your area, and your Department was extensively involved in surveillance of these people and in arranging a good deal of vaccination of them and their families and other contacts. Happily, no one developed the disease in this area.

Planning went on during the year for extensive sewerage extensions which will connect to an enlarged Boroughbridge works and greatly improve the efficiency of sewerage in many parts of the district.

Your Chief Public Health Inspector, Mr. Dingsdale, retired during the year after a long and honourable service, and was succeeded by Mr. Teale, to whom I am indebted for a great deal of help and advice. He has written those parts of the Report which deal with environmental matters.

Details of those health services for which the County Council are responsible are also included, so that the Report provides a comprehensive picture of the health services which operate in your area.

I am grateful to the Chairman and Members of the Council and to the Officers and staff, for much kindness and help.

I have the honour to be,

Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

N. V. HEPPLÉ,

Medical Officer of Health.

STATISTICS

Registrar General's estimate of population (mid 1962) ...	15,900
Area (in acres)	75,009
Number of inhabited houses, March 31st, 1962	4,881
Rateable value, March 31st, 1962	£146,036
Sum represented by a penny rate, March 31st, 1962 ...	£556

SOCIAL CONDITIONS OF THE AREA

The area consists of the rural parishes surrounding Harrogate and Knaresborough, together with the flat land lying to the South of the River Ure and Ouse as far east as the City of York boundary. The area is agricultural in character.

EXTRACTS FROM VITAL STATISTICS FOR THE YEAR 1962

Live Births:	Total	Male	Female
Legitimate	211	122	89
Illegitimate	7	2	5
Total ...	<u>218</u>	<u>124</u>	<u>94</u>

Crude birth rate per 1,000 population 13.7

Adjusted birth rate 16.3

Comparability Factor 1.19

Still Births:	Total	Male	Female
Legitimate	4	4	—
Illegitimate	1	—	1
Total ...	<u>5</u>	<u>4</u>	<u>1</u>

Still birth rate per 1,000 total (live and still) births ... 22.4

Deaths:	Total	Male	Female
	145	80	65

Crude death rate per 1,000 population 9.1

Adjusted death rate 10.1

Comparability Factor 1.11

Maternal Mortality:	Rates per 1,000	
	Deaths	Total births

Puerperal Sepsis 0 0.00

Other Maternal Cases 0 0.00

Infantile Mortality:	Total	Male	Female
Legitimate	2	—	2
Illegitimate	1	—	1

Death rate of infants under 1 year of age:

All infants per 1,000 live births 13.8

Legitimate infants per 1,000 legitimate births ... 9.5

Illegitimate infants per 1,000 illegitimate births ... 142.9

NOTES ON VITAL STATISTICS

Births: The birth rate of 16.3 is lower than in 1961, and is considerably lower than the national rate of 18.0.

Deaths: The death rate of 10.1 shows a slight decrease over that for the previous year. The rate for England and Wales was 11.9.

The principal causes of death were as follows:—

Heart and circulatory diseases (excepting coronary disease and angina)	57
Vascular lesions of central nervous system ...	15
Coronary disease, angina	25
Cancer and other new growth	19
Pneumonia, and influenza	11

Together these groups account for more than three quarters of the deaths from all causes.

Natural Increase of Population: The number of births exceeded the number of deaths by 73.

Infantile Mortality:

Three children died under the age of one year, giving an infantile mortality rate of 13.8 per 1,000 live births. This compares with a rate of 21.1 for the previous year and 21.4 for England and Wales.

The distribution of these deaths by age and sex was as follows:—

<i>Age at Death</i>		<i>Male</i>	<i>Female</i>
Days	0—1	—	—
	1—7	—	—
	7—14	—	1
	14—31	—	—
Months	1—6	—	1
	6—12	—	1
TOTAL UNDER 1 YEAR		—	3

The cause of death in each case was congenital malformation.

Maternal Mortality:

There were no maternal deaths in Nidderdale during 1962.

Causes of Death
Registrar-General's Return
Table II.

Causes of Death					1962		
					Male	Female	Total
1	Tuberculosis, respiratory				—	—	—
2	Tuberculosis, other				—	—	—
3	Syphilitic disease				—	—	—
4	Diphtheria				—	—	—
5	Whooping Cough				—	—	—
6	Meningococcal infections				—	—	—
7	Acute poliomyelitis				—	—	—
8	Measles				—	—	—
9	Other infective and parasitic diseases ..				—	—	—
10	Malignant neoplasm, stomach				1	1	2
11	Malignant neoplasm, lung, bronchus ..				2	—	2
12	Malignant neoplasm, breast				—	—	—
13	Malignant neoplasm, uterus				—	—	—
14	Other malignant and lymphatic neoplasms				10	5	15
15	Leukaemia, aleukaemia				—	—	—
16	Diabetes				1	3	4
17	Vascular lesions of nervous system ..				5	10	15
18	Coronary disease, angina				15	10	25
19	Hypertension with heart disease				1	3	4
20	Other heart diseases				14	10	24
21	Other circulatory diseases				3	7	10
22	Influenza				—	—	—
23	Pneumonia				5	6	11
24	Bronchitis				5	1	6
25	Other diseases of respiratory system ..				2	—	2
26	Ulcer of stomach and duodenum				—	—	—
27	Gastritis, enteritis and diarrhoea				—	—	—
28	Nephritis and nephrosis				1	2	3
29	Hyperplasia of prostate				2	—	2
30	Pregnancy, childbirth, abortion				—	—	—
31	Congenital malformations				2	3	5
32	Other defined and ill-defined diseases ..				6	2	8
33	Motor vehicle accidents				2	—	2
34	All other accidents				2	2	4
35	Suicide				1	—	1
36	Homicide and operations of war				—	—	—
Total					80	65	145

GENERAL PROVISIONS OF HEALTH SERVICES IN THE AREA

1. Public Health Officers of the Authority.

The names and qualifications of these are set out on page 3.

2. Health Services.

(a) Laboratory Facilities.

The chemical analysis of the public water supply is carried out by Messrs. T. Fairley and Partner for the Claro Water Board, and the examination of the public water supply for plumbo-solvent action is undertaken by the Public Health Laboratory at County Hall, Wakefield.

Specimens of milk and other food stuffs, including ice-cream, are taken for bacteriological examination to the Public Health Laboratory situated at Seacroft, Leeds. This Laboratory also undertakes the bacteriological examination of the public water supply for the Claro Water Board.

Any special investigation into outbreaks of infection is undertaken at the Leeds Public Health Laboratory as well as the isolation and typing of poliomyelitis virus in cases suspected to be suffering from this infection. This is of particular value in cases where there is no paralysis, as without such confirmation it is often impossible to make an accurate diagnosis.

The routine bacteriological examination of clinical material, such as throat swabs, is undertaken at the laboratory of the Harrogate General Hospital.

REMOVAL TO SUITABLE PREMISES OF PERSONS IN NEED OF CARE AND ATTENTION

In urgent cases, where removal to hospital is required without delay, action can be taken under the National Assistance (Amendment) Acts, 1948—1951, and an order can be made by a local Justice of the Peace requiring the patient to be taken to hospital. This action is only taken when there is complete lack of home care and where the patient refuses to go to hospital for care and attention.

No case was dealt with under these Acts during 1962.

HEALTH SERVICES PROVIDED BY THE COUNTY COUNCIL

Report of Divisional Medical Officer for 1962, Division No. 7

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13. B.C.G. Vaccination
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15. Home Help Service
16. Prevention of Illness, Care and After-Care
17. Chiropody
18. Registration of Nursing Homes
19. Registration of Old People's Homes
20. Children Neglected or Ill-treated
21. Medical Examination of Staff, etc.

1. General

The estimated populations of the areas are as follows:—

Harrogate Borough	...	...	56,790
Ripon City	...	...	10,540
Knarborough Urban District	...		9,360
Nidderdale Rural District	...		15,900
Ripon & Pateley Bridge R.D.	...		13,230
Total			<u>105,820</u>

The Division in its western part consists of the upland country lying to the south west of the River Ure and containing the upper part of Nidderdale. The eastern part is flat country in the plain of York bounded on the north east by the Rivers Ure and Ouse and containing the lower part of the River Nidd.

Harrogate stands in rolling country to the south and west of the Nidd. It has been known as a Spa for a long period and is now a busy conference and holiday centre which provides pleasant residential surroundings. It is becoming increasingly an administrative centre for large commercial organisations.

The City of Ripon is an ancient market town in the valley of the Ure. It is the centre for a large rural area around, and manufactures paint and concrete products.

Knarborough is an attractive holiday centre situated on the Nidd in that part of its course where it flows in a limestone gorge of considerable beauty. It is also a market town and shopping centre for a large and populous rural area and has a large weekly market.

Ripon & Pateley Bridge Rural District and Nidderdale Rural District are both large agricultural areas with numerous villages. The former contains the small town of Pateley Bridge in the valley of the Nidd which is the administrative centre of the district.

2. Divisional Staff

Medical Officers:

N. V. Hepple, M.D., B.S., B.Hy., D.P.H., Divisional Medical Officer.

Sheila F. Schofield, M.B., Ch.B., D.C.H., D.P.H., Senior Assistant County Medical Officer.

Mary Polson, B.Sc., M.B., Ch.B., D.obst. R.C.O.G., Senior Assistant County Medical Officer.

P. A. G. M. Ashmore, M.R.C.S., L.R.C.P., Assistant County Medical Officer.

A. W. I. Hall, M.B., B.chir., Assistant County Medical Officer.

†L. J. Prosser, M.B., Ch.B., D.C.H., Paediatrician.

†J. E. Rees, M.R.C.S., L.R.C.P., D.L.O., Ear, Nose and Throat Specialist.

†H. Petty, F.R.C.S., Orthopaedic Surgeon.

†T. S. Severs, M.D., B.S., M.R.C.S., Ophthalmologist.

†W. S. Suffern, M.D., M.R.C.P., Cardiologist.

†Elizabeth Gore, M.D., D.P.M., Psychiatrist, Child Guidance Clinic.

Sybil Burton, M.B., Ch.B.

Anastasia Holroyd, M.A., M.B., B.S.

Katherine H. Odling-Smee, M.B., Ch.B.

Marjorie Parsons, M.B., Ch.B.

Clinic doctors
working on a
Sessional Basis

Child Guidance Staff (Part-time)

County Psychologist	...	...	...	...	...	1
Psychiatric Social Worker	...	...	...	...	...	1
Remedial Teacher	...	...	...	...	...	1
Clerical	...	...	...	...	...	1

Ophthalmic Clinic

†Orthoptist	1
-------------	-----	-----	-----	-----	-----	---

Mental Health Service

Senior Mental Welfare Officer	...	...	...	...	1
Mental Welfare Officers	...	...	...	...	3
Harrogate Training Centre	...	...	...	...	6

Dental Officers

Miss M. M. Thom, L.D.S.	...	...	...	...	1
Mr. M. Hattan, L.D.S.	...	...	...	...	1
Mr. B. Ely, L.D.S. (Part-time)	...	...	...	...	1
Miss Sclare, L.D.S. (Part-time, Orthodontic consultant)	1
Mr. K. Cowell, L.D.S.	1

Speech Therapist	1
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Nursing Staff

Divisional Nursing Officer	1
Health Visitors who are also School Nurses	16
Health Visitors employed on Hospital Liaison duties	...	...	...	...	1
Tuberculosis Health Visitor	...	...	...	...	1
Assistant Health Visitor (Part-time)	...	...	...	...	1
Home Nurses	...	...	...	...	11
Home Nurse (Part-time)	...	...	...	...	1
Assistant Home Nurse	...	...	...	...	1
Home Nurse Midwives	...	...	...	...	12
Midwives	...	...	...	...	2

Administrative

Chief Clerks (1 Harrogate Area, 1 Ripon Area)	...	2
Clerical	... ..	17

Sale of Food Assistant (Part-time)	1
------------------------------------	--------	---

Dental Attendants	5
-------------------	--------	---

Albany Avenue Day Nursery

Nursing Staff	... ..	6
Domestic Staff	... ..	3

Home Helps

Whole-time	... ..	—
Part-time	... ..	180

Domestic Staff, etc.

Cleaners, part-time	... ..	9
Gardener, part-time	... ..	1
Meals Assistant, Harrogate Training Centre	... ..	1
Escorts, Harrogate Training Centre	... ..	3
Caretaker, Harrogate Training Centre	... ..	1

† Part-time from Regional Hospital Board.

3. School Health Service

With the amalgamation of the two former divisions the opportunity has been taken to reorganise the staffing arrangements for the school medical inspection. The position has improved since the last report but medical inspection is still somewhat in arrears.

A. PERIODIC MEDICAL INSPECTION

Age Groups Inspected (By years of birth)	No. of Pupils Inspected	Physical Condition of		Pupils Inspected	
		SATISFACTORY		UNSATISFACTORY	
		No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1958 and later	—	—	—	—	—
1957	481	481	100 %	—	—
1956	615	614	99.84 %	1	0.16 %
1955	542	542	100 %	—	—
1954	415	414	99.86 %	1	0.14 %
1953	251	251	100 %	—	—
1952	164	164	100 %	—	—
1951	169	169	100 %	—	—
1950	167	167	100 %	—	—
1949	96	96	100 %	—	—
1948	255	255	100 %	—	—
1947 & earlier	457	457	100 %	—	—
TOTAL	3,612	3,610	99.94 %	2	0.06 %

**B. Pupils found to require Treatment at Periodic Medical Inspections.
(Excluding Dental Diseases and Infestation with vermin)**

Age groups Inspected (by years of birth) (1)	For defective Vision (excluding squint) (2)	For any of the other conditions recorded in Part II (3)	Total Individual Pupils (4)
1958 and later	—	—	—
1957	10	63	71
1956	20	51	66
1955	16	69	80
1954	22	34	51
1953	11	23	32
1952	9	4	13
1951	6	8	12
1950	18	15	27
1949	10	7	15
1948	13	8	21
1947 and earlier	14	17	31
TOTAL	149	299	419

C. Other Inspections

Number of Special Inspections ...	568
Number of re-inspections ...	347
Total	915

D. Infestation with Vermin

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons ...	18,688
(b) Total number of individual pupils found to be infested ...	96
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) ...	13
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) ...	—

E. PERIODIC INSPECTIONS

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS							
		Entrants		Leavers		Others		Total	
		(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
4	Skin	10	20	3	15	16	29	29	64
5	Eyes- a. Vision ..	30	101	28	104	91	169	149	374
	b. Squint ..	7	11	1	2	6	30	14	43
	c. Other ..	7	7	—	12	7	8	14	27
6	Ears- a. Hearing ..	6	44	2	15	9	47	17	106
	b. Otitis Media ..	—	5	—	4	7	20	7	29
	c. Other ..	4	1	—	—	4	1	8	2
7	Nose and Throat ..	18	72	2	17	18	97	38	186
8	Speech	12	34	1	2	8	31	21	67
19	Lymphatic Glands ..	1	8	—	—	—	9	1	17
10	Heart	—	25	—	16	3	48	3	89
11	Lungs	3	50	—	14	5	66	8	130
12	Developmental—								
	a. Hernia ..	—	6	—	1	—	8	—	15
	b. Other ..	7	22	1	22	7	66	15	110
13	Orthopaedic—								
	a. Posture ..	1	9	—	18	8	25	9	52
	b. Feet ..	16	31	4	11	7	28	27	70
	c. Other ..	2	6	3	16	3	12	8	34
14	Nervous System—								
	a. Epilepsy ..	1	2	1	2	3	8	5	12
	b. Other ..	16	36	2	8	12	31	30	75
15	Psychological —								
	a. Development ..	5	10	—	10	4	23	9	43
	b. Stability ..	—	27	1	8	3	41	4	76
16	Abdomen	3	2	—	2	7	5	10	9
17	Other	5	8	3	3	14	6	22	17

(T) Treatment

(O) Observation

F. SPECIAL INSPECTIONS

Defect Code No.	Defect or Disease	SPECIAL INSPECTIONS	
		Requiring Treatment	Requiring Observation
4	Skin	—	—
5	Eyes— a. Vision ..	8	55
	b. Squint ..	1	4
	c. Other ..	1	3
6	Ears— a. Hearing ..	2	8
	b. Otitis Media	—	2
	c. Other ..	—	—
7	Nose and Throat	3	11
8	Speech	12	11
9	Lymphatic Glands	—	—
10	Heart	1	10
11	Lungs	—	8
12	Developmental— a. Hernia ..	—	1
	b. Other ..	—	14
13	Orthopaedic— a. Posture ..	—	4
	b. Feet ..	2	11
	c. Other ..	10	2
14	Nervous System— a. Epilepsy ..	4	4
	b. Other ..	3	2
15	Psychological— a. Development	28	13
	b. Stability ..	10	11
16	Abdomen	—	—
17	Other	3	—

GROUP 1

EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	—
Errors of refraction (including squint) ...	675
Total	675
Number of pupils for whom spectacles were prescribed	423

GROUP 2

DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment	
(a) for diseases of the ear	—
(b) for adenoids and chronic tonsillitis	90
(c) for other nose and throat conditions	2
Received other forms of treatment ..	15
	—
	107

Total number of pupils in school who are known to have been provided with hearing aids

(a) in 1962	...	...	...	2
(b) in previous years	...	...	...	12

GROUP 3

ORTHOPAEDIC AND POSTURAL DEFECTS

Number of pupils known to have been treated at clinics or out-patient departments	...	...	...	...	17
Pupils treated at school for postural defects	...	...	...	...	—

GROUP 4

DISEASES OF THE SKIN (Excluding uncleanness)

	Number of cases treated or under treatment during the year by the Authority
Ringworm—i Scalp	...
ii Body	...
Scabies	...
Impetigo	...
Other skin diseases	...
	—
	73

GROUP 5

Child Guidance Treatment

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority	...	85
---	-----	----

GROUP 6

Speech Therapy

Number of pupils treated by Speech Therapists under
arrangements made by the Authority ... 114

GROUP 7

Other Treatment Given

	Number of cases treated or under treatment during the year by the Authority
(a) Number of cases of miscellaneous minor ailments treated by the authority ...	380
(b) Pupils who received convalescent treatment under School Health Service arrangements	3
(c) Pupils who received B.C.G. Vaccination	550
(d) Ultra Violet Ray Treatment	8
(e) Cardiac Clinic	174
(f) Verminous heads	—

Handicapped Pupils

These are pupils who need special educational treatment either at an ordinary school or in a special school because of physical or mental disability.

170 children were registered as handicapped pupils at the end of 1962.

The children were classified in the following categories:—

	In ordinary school	In special school	Not attending school	Home tuition
Blind	—	1	—	—
Partially sighted	—	4	1	—
Deaf	—	10	—	—
Partially deaf	2	1	1	—
Maladjusted	5	8	—	—
Physically handicapped	16	6	5	2
Educationally sub-normal	71	29	1	—
Epileptic	—	2	—	—
Delicate	2	2	—	—
Double defect	1	—	—	—
	—	—	—	—
Total ...	97	63	8	2

The types of school attended were as follows:—

Special schools for blind children	...	...	...	1
„ „ „ partially sighted children	...	...	...	4
„ „ „ deaf children	...	...	...	10
„ „ „ partially deaf children	...	...	...	1
„ „ „ maladjusted children	...	...	...	8
„ „ „ physically handicapped children	...	...	...	6
„ „ „ educationally sub-normal children	...	...	...	29
„ „ „ epileptic children	...	...	...	2
„ „ „ delicate children	...	...	...	2
Total				63

4. Speech Therapy

The Speech Therapist attends at Dragon Parade and Ripon Clinics. 67 new cases were treated during the year, and the treatment of 47 others was continued.

28 visits were paid to schools and 29 domiciliary visits were made.

Treatment Given

Defects of articulation	...	...	...	104
Defects due to educational subnormality	...	...	...	1
Defect due to deafness	...	...	...	—
Retarded speech development	...	...	...	9

Results Discharged with normal speech	...	...	...	46
„ with improved speech	...	...	...	13
„ unsuitable for treatment	...	...	...	1
„ as non co-operative	...	...	...	1
„ left school	...	...	...	4
„ left the district	...	...	...	21
Total discharges				86

I am indebted to Miss M. P. Dunkley for the following report on speech therapy for the year 1962:—

All types of Speech Defects show a tendency to appear more frequently among boys than among girls, but stammering is a problem faced mainly by boys. The following figures show the ratio of boys and girls with speech defects, during the past seven years in the Harrogate Division alone:—

	Boys	Girls
1956	42	12
1957	57	11
1958	42	13
1959	51	16
1960	51	20
1961	44	14
1962	46	12

Speech defects dealt with in the School Clinic fall roughly into two groups: (a) Defects or articulation, (b) Stammering; the latter being a Speech Disorder of nervous origin. The cases of defective articulation have varied from simple Dyslalia (one or two faulty sounds) to gross Dyslalia, with many substitutions and elisions.

Occasionally we get a case of Alalia, when there has been no development of speech at the expected age. The main causes of which are: (1) Deafness; (2) Mental retardation, or (3) Emotional factors.

Since a child acquires his speech in the home through casual training, it is very important for him to have a good pattern; one which does not have to be relearned later, e.g. 'Baby talk'. He must also have the right stimulus; Rhymes and Jingles play an important part in the development of speech in the infant. Unfortunately, I am finding that these are not used sufficiently now-a-days in the home.

Although I am not qualified to state whether or not it is right for a mother to be out at work during the day, if she has children of pre-school age—I do feel most strongly that mothers who are there to help the infant up the ladder of speech development, e.g. at the Babbling and Repetitive stages (1-3 years), are far less likely to have children with speech defects.

Stammerers are always a challenge, but a very worth while one. It is most important to start treatment as early as possible in order to prevent the onset of the Secondary Stage. If however this stage has been allowed to develop, we are faced with a much more complicated pattern. The resultant feeling of insecurity and inadequacy produce hypertension, which in some cases is painful to see.

A child with a speech defect or disorder, is deprived of one of its most natural forms of self-expression. It is therefore easy to see how the personality of such children can be affected. The Speech Therapist must have a thorough understanding of human nature, and a most important part of her work is to help the child to adjust his personality to a positive attitude to his difficulties, and give him a desire to cure himself.

Stammerers tend to have reversions at particular stages in their school life, e.g. (a) when learning to read, (b) at the Grammar School Entrance stage, and (c) those who pass on to Grammar Schools, at the G.C.E. 'O' and 'A' level periods of their academic career.

The help given to the Speech Therapist by the Health Visitors is invaluable. They are in constant touch with the pre-school child. Suspected cases of Hearing loss are being detected at an early age, by Health Visitors especially trained to do this. An Audiometer should be considered necessary equipment in every speech clinic—or failing this there should be one available for the use of the Speech Therapist.

Home and School visiting play an important part in our work. Most teachers are only too anxious to help, and are always on the alert to discover the children who require specialised help. I think that many of the minor speech defects could well be dealt with by the Infants' Class Teacher, if she had some special training at college to equip her for this. A short course given by an experienced Speech Therapist in every Teacher's Training College, would be a great stride in this direction.

During my thirteen years as a Speech Therapist under the West Riding County Council, I have had the privilege of giving numerous talks to Parent Teachers' Associations, Young Wives' Groups and similar organisations. These have given me excellent opportunities to help both the teachers and the parents, who have children with speech difficulties.

5. Cardiac Clinic

174 children made 220 attendances during 1962. 18 new cases were referred by Dr. L. J. Prosser, Paediatrician, School Medical Officers following medical inspections, and General Practitioners. 2 of these new cases were from the Horsforth Division and 5 from the Wetherby Division. The diagnosis of the new cases was as follows:—

Inter ventricular septal defect	...	...	1
Ventricular septal defect and pulmonary stenosis	...	...	1
For further investigation	...	...	15
Discharged	...	...	1
			<hr/> 18

Cardiac Catheterisation was carried out on 2 children at Harrogate General Hospital and 3 children at Leeds General Infirmary.

During the year 2 children were admitted to Leeds General Infirmary for operation:—

Closure of ventricular septal defect
Resection of coarctation of aorta

One special clinic was held in 1962, when Mr. Wooler, Consultant Thoracic Surgeon at Leeds General Infirmary, visited the Harrogate General Hospital and saw 4 children with a view to them being admitted to Leeds for further investigation.

At the end of the year, 5 children were awaiting admission to Leeds for operation and 3 children were awaiting admission for further investigation.

Close liaison was maintained with general practitioners, teachers, school dental officers and parents. Recommendations were made in respect of children with heart lesions, where it was felt that some restriction of a child's activities was advisable or precautions were necessary regarding dental treatment and operations.

6. Child Guidance Clinic

I am indebted to Dr. Gore for the following report:—

Dr. M. Friese left us in April to take up his appointment as Consultant Psychiatrist at St. James's Hospital, Leeds, and we wish him well.

We were very pleased to welcome Mrs. Nursten back in October, on her return from the United States. During her absence we received a great amount of help from Miss Wallace, although she was herself ill for much of the time.

71 new cases were seen during the year, this is a smaller number than in previous years, probably due to absence of staff through illness, and the lack of a psychiatric social worker. In addition Mr. Pickles was engaged in a survey of E.S.N. children in schools, which took up every Friday morning during term time.

The number of girls seen was very small, only 18 compared to 40 the previous year.

The greatest number of referrals came from Division 7 (56)—we have broken these figures down for this year, and taken particular note of the actual source of the referral: (e.g. a case sent to us through the Divisional Medical Officer might have been brought forward either by the Head-teacher or the parent). Looking at it in this way the sources of referral were as follows:—

Divisional Medical Officer	...	...	18
Juvenile Court & Probation Officer	...	...	3
General Practitioners	...	...	9
Parents	...	...	7
Children's Officer & Children's Homes	...	...	6
Head-teachers	...	...	10
Youth Employment Officer	...	...	2
Aural Surgeon	...	...	1
			<hr/> 56

These figures indicate the interest of both teachers and parents in the clinic, and this seems to have grown over the years. We have also had as usual, a number of cases from Children's Officers and Children's Homes. We have continued our policy of inviting to the clinic as many of the people referring cases as possible, and plan in the future to offer more opportunities for discussion to the staff of Children's Homes. We feel that perhaps our contacts with General Practitioners could be improved.

We have also studied in particular the uneventuated referrals where no regular attendance was established, and the unsatisfactory cases where after initial attendances, the subsequent appointments were not kept. In general it seemed from this that we were most likely to fail in cases referred from the Juvenile Courts without the real wish of the parents; and that parents who had come to the clinic because of the pressure of their own problems, often did not keep up regular visits. Cases from families with multiple problems are also noticeably poor attenders. For the remainder it seemed that if an appointment had to be delayed, the moment of crisis was often passed, but in these cases we did not really know whether help was still needed.

In addition to the new cases opened in 1962, 31 were carried over from previous years. Attendances can be analysed as follows:—

Boys	Girls	
7	1	Attended weekly for treatment
12	8	Attended for regular treatment
30	12	Attended for occasional visits
—	—	
49	21	
—	—	

Visits were also made to see children at the Wharfedale Hospital, and Bridge House School, Harewood.

During the year we had visits from ten Head-teachers, Youth Employment Officers, School Welfare Officer, Child Care Officers, Probation Officers, Mental Welfare Officers, and amongst our more distinguished visitors Dr. Marjorie Wilson and Dr. Llewellyn from the Ministry of Education: Mr. Boddy, County Council Education Inspector, and Mr. Rawcliffe, Divisional Education Officer. In March Dr. Elliott paid a visit to the clinic with Dr. Marshall who prior to her retirement had always been most helpful towards us.

In July Mr. Thomas, the County Council Art Advisor visited the clinic and stimulated still further our interest in the question of art in education and clinic work, and we subsequently spent an interesting day visiting schools in the Pontefract area.

Dr. Jessop and Dr. Stoakley continued to attend the clinic until March, and during this term two students from the Institute of Education, Leeds, spent some time here. We have also had Health Visitor students in the clinic from time to time.

Remedial Teaching. The new year began with 16 children in attendance: 11 boys and 5 girls. Of these 4 were at the secondary modern stage, and the rest at primary level and ages ranged from 7+ to 14 years.

Steady progress was made in all cases and in some quite a remarkable difference was noticeable. One Head-master describes the change in a very deprived boy of 9 years as almost miraculous. Not only educationally, but socially this boy has made fine progress though he has many physical handicaps. All the children have now broken through the reading barrier, and Head-teachers report progress in all school subjects.

In July 5 children were discharged and 3 new ones admitted, making 14 at the beginning of September, and since then 4 more have joined us. Except in one very disturbed case the children are now working in groups of 2 or 3, according to age and ability. Parents continue to co-operate and to appreciate the help being given, and opportunities to talk to parents and show them children's work are taken whenever possible.

This term (from Jan. 1963) we have a group of lower average age—an indication of earlier referral, which makes the work much more rewarding. Close co-operation between the members of the Child Guidance team is maintained so that a clear all-round picture of the child's problems is always apparent.

We feel we have an excellent liaison between the clinic team and the Divisional and Assistant County Medical Officers in all the areas we serve.

I wish to thank the members of the clinic team, Mrs. Nursten, Miss Blackburn and Mr. Pickles, for the pleasure which I believe we share in working together; and also Mrs. Ramsbottom our secretary who contributes a great deal to the life of the clinic.

7. Care of Mothers and Young Children

(a) Births

Return of births notified in the Divisional Area during the year.

DETAILS	BIRTHS				TOTAL
	Domiciliary		Institutional		
	Live	Still	Live	Still	
(a) Primary Notifications:					
(i) Urban Districts	215	—	1,356	27	1,598
(ii) Rural Districts	95	1	208	4	308
(b) Add Inward Transfers	2	—	196	3	201
(c) Total Notifications received	312	1	1,760	34	2, 107
(d) Deduct Outward Transfers ..	2	—	467	10	479
(e) Total adjusted births	310	1	1,293	24	1,628
ANALYSIS OF INSTITUTIONAL BIRTHS					
Born in					
(a) Hospitals ..			1,283	24	
(b) Maternity Homes			—	—	
(c) Nursing Homes			10	—	
TOTAL			1,293	24	

Approximately four fifths of the births in the division take place in hospital. This seems to be equally true of both the urban and rural areas and has varied very little for a number of years.

Year	Institutional Confinement	Domiciliary Confinement
1951	78 %	22 %
1952	79 %	21 %
1953	79 %	21 %
1954	82 %	18 %
1955	82 %	18 %
1956	81 %	19 %
1957	83 %	17 %
1958	83 %	17 %
1959	82 %	18 %
1960	82 %	18 %
1961	80 %	20 %
1962	81 %	19 %

The Department investigates all applications for maternity beds on social grounds for the Units at Harrogate, Ripon, and York.

(b) **Ante-Natal Clinics**

Two sessions per week are held at Dragon Parade Clinic, and two sessions per month at Alma House, Ripon. Most family doctors undertake ante-natal care of their own patients, and the maternity hospitals also run sessions. The health department clinics are very useful in that they are able to put the expectant mother in touch with the local services which will be of use to her.

(c) **Relaxation and Mothercraft Classes**

These are held regularly for expectant mothers at 2, Dragon Parade, Harrogate, Fysche Hall, Knaresborough, and Alma House, Ripon. 234 expectant mothers made 1,248 attendances at the Harrogate Clinic, 23 mothers made 146 attendances at the Knaresborough Clinic, and 48 mothers made 263 attendances at the Ripon Clinic.

ANTE-NATAL CLINICS

Name and address of Ante-Natal Clinic (whether held at Infant Welfare Centre or other premises)	Number of sessions now held per month			Number of women in attendance		Total number of attendances made by women during the year		
	Com- bined with Infant Welfare	SEPARATE SESSIONS		No. of women who attended during the year	No. of new cases incl. in Col. 5	Com- bined with Infant Welfare	SEPARATE SESSIONS	
		Doc- tors	Mid- wives				Doc- tors	Mid- wives
2, Dragon Parade, Harrogate ..	—	8	—	111	105	—	288	—
2, Dragon Parade, Harrogate .. (Relaxation/Mothercraft Classes)	—	—	11	234	218	—	—	1,248
Knaresborough Clinic .. (Relaxation/Mothercraft Classes)	—	—	2	23	23	—	—	146
Alma House, Ripon ..	—	2	—	14	13	—	87	—
Alma House, Ripon .. (Relaxation/Mothercraft Classes)	—	—	4	48	46	—	—	263
Pateley Bridge ..	2	—	—	—	—	—	—	—
Summerbridge ..	1	—	—	—	—	—	—	—
TOTAL FOR CLINICS ..	3	10	17	430	405	—	375	1,657

(d) Infant Welfare Centres

The table on the following page gives particulars of all fixed Clinics in the division.

In addition to these, the Mobile Clinic provides infant welfare centre services in the rural parts of the area as follows:—

Aldfield	Tuesday	Monthly
Birstwith	Monday	„
Bishop Monkton	Friday	„
Bishop Thornton	Monday	„
Burnt Yates	Monday	„
†Burton Leonard	Friday	Fortnightly
†Cattal	Wednesday	Monthly
Copt Hewick	Tuesday	„
Dacre	Monday	„
Darley	Monday	Fortnightly
†Follifoot	Friday	Monthly
Galphay	Tuesday	„
Grantley	Tuesday	„
Grewelthorpe	Tuesday	„
†Great Ouseburn	Wednesday	„
†Hampsthwaite	Friday	„
Hayshaw Lane End	Monday	„
†Hunsingore	Wednesday	„
Killinghall	Friday	„
Kirkby Malzeard	Tuesday	„
†Kirk Hammerton	Wednesday	„
Lofthouse	Monday	„
Markington	Monday	„
†Marton-cum-Grafton	Wednesday	„
Mickley	Tuesday	„
†Moor Monkton	Wednesday	„
North Lees	Tuesday	„
North Stainley	Tuesday	„
†Nun Monkton	Wednesday	„
Ramsgill	Monday	„
†Rufforth	Wednesday	„
Sawley	Tuesday	„
†Scotton	Friday	„
Shaw Mills	Monday	„
Skelton	Tuesday	„
†Staveley	Wednesday	„
Studley	Tuesday	„
Winksley	Tuesday	„

†Welfare Foods are not sold at these sessions

INFANT WELFARE CENTRES

Name and address of Centre	Number of Infant Welfare Sessions now held per month	Number of children who first attended a centre of this Local Authority during the year and who at their first attendance were under 1 year of age	Number of children who attended during the year and who were born in			Total number of children who attended during the year	No. of attendance during the year made by children who at the date of attendance were			Total attendances during the year
			1962	1961	1957-60		Under 1 yr	1 but under 2 yrs.	2 but under 5 yrs.	
Central Clinic, 2, Dragon Parade, Harrogate...	7	223	190	179	94	463	2,192	242	133	2,567
St. John Ambulance Headquarters, Starbeck, Harrogate...	4	172	162	68	172	402	1,781	266	230	2,277
Bar Methodist Chapel, Skipton Road, Harrogate...	4	154	134	126	139	399	1,837	296	237	2,370
Penny Pot Lane, Harrogate (army premises)...	2	24	11	23	10	44	246	40	11	297
St. Mark's Parochial Hall, Leeds Road, Harrogate...	2	59	50	36	29	115	555	158	90	803
(Commenced 4.9.61)										
Pannal Institute, Harrogate	1	21	14	14	11	39	113	17	11	141
16, Harlow Avenue, Harlow Hill, Harrogate.	1	11	9	20	4	33	125	38	7	170
Fysche Hall, Knaresborough	4	131	124	96	99	319	1,844	448	473	2,765
Methodist Sunday Schoolroom, Boroughbridge...	4	33	31	27	35	93	474	154	213	841
Village Hall, Whixley...	2	20	15	19	26	60	249	63	81	393
Church Hall, Poppleton...	2	38	30	30	60	120	400	160	226	786
Alma House, Low St., Agnesgate, Ripon...	4	173	162	18	8	188	2,684	525	534	3,743
Methodist Buildings, Pateley Bridge...	2	24	12	13	11	36	229	99	128	456
Methodist Buildings, Summer-bridge...	1	13	13	4	16	33	139	49	65	253
Mobile Clinic...	37	160	143	129	185	457	945	424	451	1,820
TOTALS	77	1,256	1,100	802	899	2,801	13,813	2,979	2,890	19,682

(e) Distribution of Welfare Foods

The provision of baby foods and food supplements to expectant mothers constitutes an important part of the health services.

The arrangements in the Division are detailed below:—

HARROGATE

Divisional Health Office Harrogate	Monday to Friday, 9 a.m. to 5 p.m.	W.R.C.C. Staff
Central Clinic, 2, Dragon Parade, Harrogate	Monday and Thursday, 2 p.m. to 4 p.m.	W.R.C.C. Staff
Starbeck Clinic, St. John Amb. H.Q., Starbeck, Harrogate	Wednesday 2.30 p.m. to 4.30 p.m.	W.R.C.C. Staff
Bar Methodist Chapel, Skipton Road, Harrogate	Monday 2.30 p.m. to 4.30 p.m.	W.R.C.C. Staff
Penny Pot Lane, Harrogate (Army Premises)	Alternate Weds. 2 p.m. to 4 p.m.	W.R.C.C. Staff
St. Mark's Parochial Hall, Leeds Road, Harrogate	Alternate Mondays 2 p.m. to 4 p.m.	W.R.C.C. Staff
Pannal Institute, Harrogate	Last Thurs. in month 2 p.m. to 4 p.m.	W.R.C.C. Staff
16, Harlow Avenue, Harlow Hill, Harrogate	First Tues. in month 2 p.m. to 4 p.m.	W.R.C.C. Staff

RIPON

Divisional Health Office, Ripon	Monday to Friday, 9 a.m. to 12.45 p.m. 1.45 p.m. to 5.20 p.m.	W.R.C.C. Staff
Ripon Child Welfare Centre, Alma House, Ripon	Monday 2 p.m. to 4.30 p.m.	W.R.C.C. Staff

OUTSIDE CLINICS

Knaresborough Clinic	Tuesday 9 a.m. to 12 noon 1 p.m. to 4 p.m.	W.R.C.C. Staff
Boroughbridge Clinic	Friday 2 p.m. to 4 p.m.	W.R.C.C. Staff
Whixley Clinic	1st and 3rd Thursdays in month, 2 p.m. to 4 p.m.	W.R.C.C. Staff
Upper Poppleton Clinic	Alternate Wednesdays 2.30 p.m. to 4.30 p.m.	W.R.C.C. Staff

OUTSIDE DISTRIBUTION POINTS

Birstwith	Anytime	Voluntary worker
Bishopt Monkton	Anytime	Voluntary worker
Burnt Yates	Anytime	Voluntary worker
Burton Leonard	Alternate Wednesdays, 2 p.m. to 4 p.m.	Voluntary worker
Darley	By arrangements	W.R.C.C. Staff
Follifoot Post Office	Post Office hours	Voluntary worker
Great Ouseburn	Thursday, 3.30 p.m. and evening	Voluntary worker
Hampsthwaite	Tuesday, 3.45 p.m. to 4.45 p.m.	Voluntary worker
Killinghall, Methodist Church	Friday, every four weeks 10.45 a.m. to 12 noon	W.R.C.C. Staff

Kirk Hammerton	Alternate Tuesdays, 2 p.m. to 4 p.m.	Voluntary worker
Kirkby Malzeard	Anytime	Voluntary worker
North Stainley	Anytime	Voluntary worker
Pateley Bridge	Anytime	Voluntary worker
Staveley Post Office	Post Office hours	Voluntary worker
Summerbridge	Thursday, 1.30 p.m. to 3.30 p.m.	Voluntary worker

(f) **Phenylketonuria**

One type of mental defect is due to a metabolic disturbance which produces damage to the brain in early life. It is detectable by a simple test on the urine of young babies which is now done as a routine by the health visitors for the babies in their care.

No cases of phenylketonuria have so far been discovered in the division.

(g) **Dental Care**

The arrangements for dental treatment of expectant and nursing mothers continue as before.

(h) **Care of Unmarried Mothers and their children**

The unmarried girl who is having a baby is often desperately in need of expert help and advice. She needs to make arrangements for the confinement, and for her own rehabilitation and the care of her child afterwards.

Valuable work in this field is done by the Social Workers of the Ripon Diocesan Moral Welfare Association who work in close co-operation with the general practitioners, the health visitors, and the health department.

The County Council makes grants in approved cases towards the cost of institutional care before the confinement.

104 cases were dealt with by the department during the year. This figure includes about 35% of people who came into the division from other areas. Of the residents, one was under 15 years, 23 were between the ages of fifteen and nineteen, while 34 were aged between twenty and twenty-nine years. This is not, therefore, mainly a teenage problem, as is often assumed.

(i) **Care of Premature Infants**

These small babies need special care to avoid injury from chilling. 2 Sorrento cots and equipment are provided, based at Harrogate and Ripon, for loan to doctors and midwives looking after premature babies. Neither of the cots were used during the year.

The Sorrento cot has the disadvantage of being too bulky for easy transport, and at the time of writing the provision of smaller portable incubators is being considered.

(j) Albany Avenue Day Nursery

This nursery is open from 8.30 a.m. to 4.30 p.m. from Monday to Friday. It accommodates the young children of mothers who are obliged to maintain themselves and their families by going out to work. The health of these children is supervised by the medical staff of the Department.

(k) Inspection of Children at Residential Nurseries and County Children's Homes

A routine inspection is made twice a year of all children resident in the Leadhall Grange and Harlow Court Residential Nurseries, Harrogate, and in three Homes for older children in Knaresborough. A report is furnished to the County Medical Officer and to the Children's Department in which details are given regarding the children's health, the staffing, and on any environmental condition which may affect the health of the children.

8. Paediatric Clinics

In Harrogate, children are seen by the paediatrician at the hospital. In Ripon, Dr. Prosser holds a clinic as necessary at Alma House.

Buzzers for Bedwetters

I am indebted to Dr. Hall for the following report:—

Five enuresis Alarm Buzzers have been in use during the past year in the Harrogate Area.

There have been 12 cases of nocturnal enuresis treated with an alarm buzzer. Every age between five and eleven was represented.

8 cases have been successful with no report of relapse and 2 cases have been partially successful. 1 case, a five and a half year old boy, was not successful in spite of using Dexamphetamine to raise the level of sleep.

Another child had shown improvement but left the area before the case could be considered successful.

There are 23 children on the waiting list.

There is great variation in the time required to train to the alarm. On the whole, the younger children take longer, up to three months, and require greater stimulus. Some of the older children have responded very well and become dry within a week or two.

The alarms are kept switched on for about three weeks after the patient has become dry. The mother is then instructed to leave the alarm for a further week but with the switch turned off.

There is no doubt that the alarm buzzer is of great value for most of the cases and I would like to suggest that, before children are subjected to disturbing hospital investigations, the method should be attempted.

9. **Midwifery**

During 1962, domiciliary midwives cared for 309 home confinements while 1,706 cases were delivered in institutions. 90 of the latter were sent home at forty-eight hours, 150 cases after forty-eight hours but up to and including the fifth day, and 317 cases after the fifth day but before the tenth day.

Two whole-time midwives and twelve home nurse/midwives were working in the area at the end of the year.

DELIVERIES ATTENDED BY MIDWIVES IN THE DIVISION DURING 1962

Employment of Midwives	No. of Deliveries attended by Midwives in the Area during the year					TOTALS	Cases in Institutions
	Domiciliary Cases						
	Doctor not booked		Doctor booked				
	Doctor present at time of delivery of child	Doctor not present at time of delivery of child	Doctor present at time of delivery of child (either booked doctor or another)	Doctor not present at time of delivery of child			
(a) Midwives employed by the Authority	1	1	79	225	306	—	—
(b) Midwives employed by vol. organisations (incl. hospitals not transferred to the Minister under the National Health Service Act)	—	—	—	—	—	—	—
(c) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act	—	—	—	—	—	—	1,704
(d) Midwives in Private Practice (incl. midwives employed in nursing homes)	—	—	3	—	3	—	2
TOTALS	1	1	82	225	309	—	1,706

(e) Number of cases delivered in institutions but attended by domiciliary midwives on discharge from Institution:—

(i) At 48 hours	..	..	..	..	..	90
(ii) After 48 hours and up to and including the fifth day ....	..	..	..	..	..	150
(iii) After the fifth but before the tenth day .. ..	..	..	..	..	..	317

Statutory Notices received from midwives during the year were as follows:—

Death of Mother	...	...	...	...	1
Liability to be a source of infection	...				3

12 medical aid notices were issued by midwives during the year, all in respect of domiciliary cases. The following summary gives the conditions for which medical aid was sought.

MEDICAL AID NOTICES

	Number issued because of complications arising in/during			
	Pregnancy	Labour	Lying in	The Child
(a) Domiciliary cases:				
(i) Where the Medical Practitioner had arranged to provide the patient with maternity medical services under the National Health Service Act	2	3	3	3
(ii) Others	1	—	—	—
(b) Cases in Private Nursing Homes:				
(i) Where the Medical Practitioner had arranged to provide the patient with maternity medical services under the National Health Service Act	—	—	—	—
(ii) Others	—	—	—	—
(c) Cases in Institutions ..	—	—	—	—
TOTALS	3	3	3	3

Gas and Air Analgesia alone was given to 13 mothers by the domiciliary midwives and was given in conjunction with Pethidine to a further 19.

Pethidine alone was given to 12 cases.

Trilene alone was given to 71 patients and to a further 127 patients in conjunction with Pethidine.

10. Health Visiting

18 full-time Health Visitors and 1 part-time Assistant Health Visitor were employed in the area at the end of the year. Three of them did tuberculosis visiting and maintained liaison between the Health Department and the Chest Physicians. One was largely occupied with the admission and discharge of old people to hospitals, old people's homes, and Part III accommodation, working closely with the geriatric unit at Knaresborough. Like the rest of the nursing staff, they work under the general direction of the Divisional Nursing Officer.

Health Visiting, The following table gives details of the work carried out :—

No. of children under 5 years of age visited during year	Expectant Mothers		Children under 1 year of age		Children age 1 and under 2 yrs.	Children age 2 and under 5 yrs.	Tuber- culous house- holds	Other cases	Total No. of families or house- holds visited by Health Visitors	Total No. of 'No. of access' visits made during year
	First visits	Total visits	First visits	Total visits	Total visits	Total visits	Total visits	Total visits		
5,081	426	666	1,618	8,722	4,313	6,890	994	11,512	5,944	4,067

Clinics

Total number of attendances by health visitors at Local Health Authority Clinic sessions during the year ... 1,416

11. Home Nursing

24 district nurses and 1 part-time district nurse were serving the Division at the end of the year. 12 of them did combined mid-wifery duties also. One assistant nurse does bathing of old people.

Details of the year's work follows:—

Classification	No. of cases attended by Home Nurses during the year	No. of visits paid by home nurses during the year
Medical	1,272	41,236
Surgical	209	5,549
Infectious diseases	10	188
Tuberculosis	29	1,628
Maternal complications	22	105
Other	27	632
TOTAL	1,569	49,338

12. Vaccination and Immunisation

Protection is offered from smallpox, diphtheria, whooping cough, poliomyelitis, and tetanus, while vaccination of children over 13 years old against tuberculosis was also undertaken.

(a) Vaccination against Smallpox

The numbers in different age groups vaccinated or re-vaccinated during the year are shown below:—

Age at Date of Vaccination	Under 1	1	2-4	5-14	15 or over	Total
Number vaccinated ..	774	373	467	1,568	2,440	5,622
Number re-vaccinated	8	12	230	2,517	6,631	9,398

The above figures give some indication of the numbers vaccinated in the division as a result of the occurrence of cases of smallpox in Bradford and in the Otley District during January and February, 1962. They include several contacts who lived in the division and who were kept under surveillance after vaccination. No case occurred in the division.

Estimated live births for year ended 31.12.62	1,653
Vaccination rate of infants	46.8

The rates for recent years were:—

1952	...	...	...	...	27.0%
1953	...	...	...	...	60.5%
1954	...	...	...	...	47.1%
1955	...	...	...	...	37.3%
1956	...	...	...	...	44.2%
1957	...	...	...	...	51.7%
1958	...	...	...	...	59.7%
1959	...	...	...	...	53.6%
1960	...	...	...	...	46.8%
1961	...	...	...	...	46.7%

(b) Vaccination against Whooping Cough

878 children under four years of age received whooping cough vaccine during the year.

(c) Immunisation against Diphtheria

Number of children at 31st December, 1962, who had completed a course of immunisation at any time before that date.

Age at 31.12.62 i.e. born in year	Under 1 1962	1-4 1961-58	5-9 1957-53	10-14 1952-48	Under 15 Total
Last complete course of injections (whether primary or booster)	..				
1958-1962	392	3,746	3,244	1,364	8,746
1957 or earlier ..	—	—	1,961	4,173	6,134

	Number of children immunised during 1962			
	Under 1	1-4	5-14	Total
Primary	392	481	39	912
Booster	—	30	495	525

(d) Immunisation against Tetanus

The following are the details of the children immunised during the year, either singly or in combination with other antigens:—

Age at Final Injection	Number of children who received protection against tetanus (including temporary residents)
Under 1 year — — —	398
1 to 2 years — — —	386
2 to 3 years — — —	31
3 to 4 years — — —	15
Over 4 years — — —	338
TOTAL — — —	1,168

(e) Vaccination against Poliomyelitis

The year saw the introduction of vaccine which, instead of having to be injected into the tissues, is swallowed on a lump of sugar or taken in syrup. This has relieved the medical staff of some onerous work in clinics.

5,536 people received a full course of vaccination during the year, 3,305 of these being with the oral type of vaccine.

13. B.C.G. Vaccination

B.C.G. Vaccination was again offered to all children 13 years of age and over attending schools in the area.

The following are details of work carried out:—

1. No. of Medical Officers (including Divisional Medical Officer) approved to undertake B.C.G. Vaccination 5

2. Acceptances

(a) No. of children offered tuberculin testing and vaccination if necessary (whether the offer was made during the year or previously) ... 1,870

(b) No. of (a) found to have been vaccinated previously ... 6

(c) No. of acceptances ... 939

(d) Percentage of acceptances, i.e. (c) to (a)-(b) ... 50.4%

3. Pre-vaccination Tuberculin Test

(a) No. of children 2(c)	...	...	...	...	879
(b) Result of Heaf Test—(i) Positive	...	...	...	...	274
(ii) Negative	...	...	...	...	575
(iii) Not ascertained	...	...	...	...	30
Total	...	...	...	...	879
(c) Percentage positive, i.e. (b) (i) to (b) (i) + (ii)	...	...	...	...	32.3%

4. Vaccination

No. Vaccinated following negative Heaf Test	550
---	-----	-----	-----	-----	-----

14. Mental Health

Staffing difficulties continued throughout the year owing partly to the illness of the Senior Mental Welfare Officer and the prolonged sickness of a Mental Welfare Officer. Two male officers carried on the work of the department with some difficulty.

One of the officers attended the Out-Patient Clinic at the Harrogate General Hospital each Tuesday and Friday, and every effort was made to deal with pre-care and after-care of patients but in view depleted staff, some priorities had to be exercised.

Visiting of subnormal patients continued to a somewhat lesser degree. All in all, this was rather a difficult year, but I anticipate an early return to a full complement of staff and a consequent expansion in the services provided.

Details of the work done by the Mental Welfare Officers was as follows:—

Visits paid

Pre-care	...	...	...	...	...	...	171
After-care	...	...	...	...	...	...	191
Re subnormals	...	...	...	...	...	...	496

In addition 99 attendances were made at out-patient clinics.

Admissions to hospitals undertaken by Mental Welfare Officers:—

Under Section	5	...	...	...	...	...	94
„	25	...	...	...	...	...	12
„	26	...	...	...	...	...	6
„	29	...	...	...	...	...	43
„	60	...	...	...	...	...	3

Harrogate Training Centre

I am indebted to Miss Reynolds for the following report on the work of the Harrogate Training Centre.

Since commencing work in July, 1962, and despite staffing difficulties, a very good settling down process has taken place. A glance at the numbers on the registers will show that these have doubled since July and new members of staff have been appointed. The result is a very happy atmosphere within the Centre with a good relationship between staff, children and adult patients.

The Junior Wing

At the beginning of October, a simple Harvest Festival Service was held in the Centre. This was most successful and gifts of fruit and vegetables and flowers brought by the children were gratefully received at The Grove Aged Persons' Home, Starbeck.

On November 5th, 1962, the children built a huge bonfire and placed a Guy Fawkes, which they had made, on the top. Fireworks were provided by the Parents' Association.

In spite of staff difficulty we prepared a Christmas Concert and Nativity play. This was beautifully done and was thoroughly enjoyed by the parents and friends who attended.

A Christmas party was arranged for the children. The adult women did most of the baking and prepared the jellies and sandwiches. Three clowns from Billy Smart's circus provided lots of fun and Santa Claus distributed presents. Children from the School Department of Oulton Hall Hospital were invited to this party and were brought by the Supervisor and Hospital Secretary.

Also, one evening during Christmas week, twenty children were taken by members of staff to Billy Smart's Circus in Leeds.

The fundamental aims and purposes of a Centre are kept in mind when the timetable is planned. Progress books and charts are kept and lessons include:—Sense Development; Habit Training; Language Development; Physical Education; Music and Movement; Games; Social Training; Percussion Band; Singing Stories; Nature Study; Creative Activities and Handwork.

Adult Women's Wing

As numbers increase so does the amount of laundry to be done. However, all this, with the exception of the caretaker's boiler suit and the Meals Assistants' coat overalls, is done at the Centre by the adult women. Some of them can operate the washer and spin dryer without help. Starching where necessary is undertaken, also all the ironing and mending.

This group has been busy hemming dusters and dishcloths; sewing tapes on towels; making aprons and generally making ready for use, various items of linen needed throughout the Centre. Instruction in simple cookery is given each week. The women make out a shopping list for the ingredients of the set recipe; shop locally for these items with their instructor and then come back to make up the recipe.

Simple housecraft is carried out daily, each girl having her own varying jobs. They also have physical activities; country dancing; simple ballroom dancing; games, and music and movement.

An early evening party was arranged at Christmas for the adult women and adult men. Again, most of the baking was done by the women. Patients from Oulton Hall Hospital were invited to this party and everyone enjoyed themselves.

Adult Male Wing

This wing was opened later than the other two but already work done here can be seen throughout the Centre:—a door gate for the special care unit; shoe boxes; boxes for powder paint containers; a rack for birthday candles; cricket stumps; a cutlery box, and various pieces of apparatus which the adult men have helped to make.

At present work is being carried out on clay boards for the West Riding County Supplies Department. Everyone can do something towards the finished article.

These men also have physical activities—Physical education, games and dancing. They help with various jobs in the Centre and have prepared a plot of ground for seeds.

Many parents have expressed appreciation of the hard work done in the Centre for their children. They comment upon the general progress and well being of the children, and parents and visitors alike comment on the happy atmosphere in the Centre.

I feel very strongly that if the staff are happy and work well together the result manifests itself upon the children.

15. Home Help Service

This service has shown a slight increase in work over the previous year. 12,606 more hours were worked than in 1961.

180 part-time home helps were employed, equivalent to 69 whole time workers.

The following table gives details of the work undertaken for various categories of user:—

Category	No, of Cases	Hours Employed
Maternity	95	5,652½
Tuberculosis	11	1,619½
Chronic Sick (a) 65 + ..	610	118,575
(b) Under 65 ..	83	9,914¼
Others	103	14,184½
Totals	902	149,945¾

16. Prevention of Illness, Care and After-care

The Chest Physicians hold sessions twice a week at Scotton Banks Hospital, three times a week at Harrogate General Hospital, and once a week at Ripon & District Hospital.

Tuberculosis Health Visitors attend the clinics at Harrogate and Ripon. One of the sessions at Harrogate is used as a special children's and adolescents' clinic. 275 contacts were also seen and 187 of them were given B.C.G. The Chest Physicians saw 29 new cases of tuberculosis and 4 new transfers from other areas during the year. This is an average of 8 contacts per case.

Contact examinations were carried out at two large hotels, at Princess Road Hospital, Ripon, and at the Police Training Centre, Pannal Ash, Harrogate, where cases had occurred.

The Mass Radiography Unit visited the area in June. 4 people were referred to the Chest Clinic, of whom 2 were diagnosed as tuberculosis.

The Harrogate and Ripon Care Committee has continued its valuable work, and assistance in kind or cash was given to several cases.

Liaison has been maintained with the Ministry of Labour and the Disablement Resettlement Officer with regard to the working conditions of patients.

There are three Tuberculosis Health Visitors in the Division. One operates in Ripon City and Ripon & Pateley Bridge Rural District. One covers Harrogate Borough, Knaresborough Urban District, and the western part of Nidderdale Rural District. One does the eastern end of the latter district.

There has been some difficulty during the year in maintaining adequate liaison with the chest clinics. This was due in part to the prolonged absence through sickness of one of the Health Visitors concerned, and also to clerical difficulties in the hospitals. The position is now improved and steps are being taken to improve matters still further.

300 orders for free milk were issued to 70 patients on the recommendation of the Chest Physician during the year.

The Department continues to provide nursing equipment on loan at the request of home nurses or general practitioners.

Recuperative Home Treatment

During the year 15 applications were received for recuperative home treatment recommended by general practitioners; 4 were in respect of school boys; 3 were tuberculous patients, and the remaining 8 cases were in respect of other adults.

17. Chiropody

This service continued to be provided for old age pensioners, expectant mothers, and handicapped persons.

A direct service is in operation in the Borough of Harrogate, and indirect services provided in conjunction with voluntary bodies were worked in Ripon, Knaresborough, Pateley Bridge, Boroughbridge, Poppleton, Nun Monkton, Burton Leonard and Whixley.

18. Registration of Nursing Homes

There were 17 registered nursing homes in the division at the end of the year. 10 were inspected during 1962.

19. Registration of Old People's Homes

The 21 old people's homes registered in the area were visited in conjunction with the Divisional Welfare Officer.

20. Children Neglected or Ill-treated

Monthly meetings of workers from the interested voluntary and statutory bodies were held.

At the open meetings to which a wide range of social workers is invited, the following talks were given:—

“The Harrogate Citizens' Guild of Help” by Mrs. A. M. Payne.

“The Work of the National Association for Mental Health” by Mrs. K. Galloway, P.S.W.

“Problem Families” by Mr. Don Okell, of the Leeds Family Service Unit.

21. **Medical Examination of Staff**

249 medical examinations of staff, etc., were carried out during the year as follows:—

West Riding County Council	53
District Councils	12
Other Authorities	5
Applicants for Teachers' Training Colleges ...	79
Children for Employment (including entertainments)	100

AMBULANCE SERVICE

In the West Riding this is a separate service. The ambulance station is at Harrogate under the charge of a Superintendent Ambulance Officer, and in both Ripon and Pateley Bridge there are sub-depots which are manned by the respective divisions of the St. John Ambulance Brigade and which give sterling service. Short wave wireless control is held throughout the division.

Hospitals under the management of the Regional Hospital Board

Name	Situation	Purpose	Beds	
			Adults	Children
Harrogate and Dist. General Hospital	Knarborough Rd., Harrogate	Medical, Surgical and Maternity	234	25
Carlton Lodge Maternity Home	Leeds Road, Harrogate	Maternity	13	—
Royal Bath Hospital	Cornwall Road, Harrogate	Rheumatic Diseases	143	—
White Hart Hospital	Cold Bath Road, Harrogate	do.	133	—
Yorkshire Home	Cornwall Road, Harrogate	Chronic Sick Cases	70	—
Heatherdene Convalescent Hospital	Wetherby Road, Harrogate	Convalescent Cases	38	—
Dunelm Hospital	Cornwall Road, Harrogate	Rheumatic Diseases	22	—
Ripon and District Hospital	Firby Lane, Ripon	Medical, Surgical and Maternity	46	7
Princess Road, Hospital	Princess Road, Ripon	Chronic sick	32	—
Thistle Hill, Hospital	Knarborough	Infectious Diseases	10	10
do.	do.	Paediatrics	—	12
do.	do.	Suitable Cases transferred from Harrogate General Hospital	11	—
do.	do.	Geriatrics	11	—
Scotton Banks Hospital	Ripley Road, Knarborough	General Surgery, Gynaecology	33	—
do.	do.	Diseases of Chest	96	—
do.	do.	Young Chronic Sick	34	—
do.	do.	Medical	21	—
do.	do.	Private wing Sect. 5	16	—
do.	do.	do. Sect. 4	8	—
Knarbro' Hospital	Stockwell Road Knarborough	Chronic Sick	132	—
do.	do.	Part III	87	—

Prevalence and Control over Infectious and Other Diseases. Number of cases originally notified during the year ended 31st December, 1962, and of final numbers after correction of diagnosis, etc,

	Scarlet Fever		Whooping Cough		Acute Poliomyelitis				Measles (excl. Rubella)		Diphtheria		Dysentery		Meningococcal infection	
	M	F	M	F	M	F	Paralytic	Non Paralytic	M	F	M	F	M	F	M	F
Nos. originally notified:																
Total (all ages)	2	—	—	—	—	—	—	—	17	14	—	—	—	—	—	—
Final numbers after correction																
Under 1 year	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—
1 year	—	—	—	—	—	—	—	—	2	1	—	—	—	—	—	—
2 years	—	—	—	—	—	—	—	—	1	2	—	—	—	—	—	—
3 years	—	—	—	—	—	—	—	—	1	3	—	—	—	—	—	—
4 years	—	—	—	—	—	—	—	—	4	—	—	—	—	—	—	—
5-9 years	1	—	—	—	—	—	—	—	8	5	—	—	—	—	—	—
10-14 years	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—
15-24 years	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
25 and over	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—
Age unknown	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total (all ages)	2	—	—	—	—	—	—	—	17	14	—	—	—	—	—	—

Prevalence and Control over Infectious and Other Diseases—*cont.*

	Acute Pneumonia		Smallpox		Acute Encephalitis		Typhoid Fever		Paratyphoid Fever	
	M	F	M	F	Infective		M	F	M	F
					M	F				
Nos. originally notified: Total (all ages)	5	2	—	—	—	—	—	—	—	—
Final numbers after correction:										
Under 5 years ..	1	—	—	—	—	—	—	—	—	—
5-14 years ..	2	—	—	—	—	—	—	—	—	—
15-44 " ..	2	1	—	—	—	—	—	—	—	—
45-64 " ..	—	1	—	—	—	—	—	—	—	—
65 and over ..	—	—	—	—	—	—	—	—	—	—
Age unknown ..	—	—	—	—	—	—	—	—	—	—
	5	2	—	—	—	—	—	—	—	—

Prevalence and Control over Infectious and Other Diseases—*cont.*

	Erysipelas		Food Poisoning		Other notifiable diseases	Original notification		Final Numbers	
	M	F	M	F		M	F	M	F
Nos. originally notified: Total (all ages)	1	—	—	—	Puerperal Pyrexia	—	—	—	—
Final numbers after correction:					Ophthalmia Neonatorum	—	—	—	—
Under 5 years	—	—	—	—					
5-14 years	—	—	—	—					
15-44 "	—	—	—	—					
45-64 "	—	—	—	—					
65 and over	1	—	—	—					2
Age unknown	—	—	—	—					
TOTAL (all ages)	1	—	—	—					

Scarlet Fever

There were 2 notifications during the year, compared with 6 in 1961, a rate of 0.13 per 1,000.

Whooping Cough

No cases were notified for the second year in succession.

Measles

31 notifications were received compared with 247 in the previous year. This gives a notification rate of 1.95 per 1,000 population.

Dysentery

No cases were notified during 1962.

Pneumonia

There were 7 notifications, compared with 6 in the preceding year.

Tuberculosis

One new pulmonary case and 1 non-pulmonary case were notified, compared with 1 case of pulmonary tuberculosis in 1961.

The following tables give details from the Tuberculosis Register :

	Pulmonary		Non-Pulmonary		Total
	M	F	M	F	
Number on Register at 1st January, 1962.	25	15	6	8	54
New notifications in 1962. . .	1	—	—	1	2
Number restored to Register.	—	—	—	—	—
Number added to Register otherwise than by notification.	1	—	—	—	1
Number removed from Register in 1962.	—	—	—	—	—
Number on Register at 31st December, 1962. . .	27	15	6	9	57

Age and Sex of New Cases and Deaths from Tuberculosis, 1962 :—

Age	New Cases				Cases removed from Register due to death			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
Under 5	—	—	—	—	—	—	—	—
5—14 years	—	—	—	1	—	—	—	—
15—24 „	—	—	—	—	—	—	—	—
25—44 „	—	—	—	—	—	—	—	—
45—64 „	1	—	—	—	—	—	—	—
65 and over	—	—	—	—	—	—	—	—
Total	1	—	—	1	—	—	—	—

Cancer. 19 deaths were attributed to cancer, giving a death rate of 1.2 per 1,000 population.

ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR AND SURVEYOR FOR THE YEAR 1962

To the Chairman and Members of the Rural District Council of Nidderdale.

I have pleasure in submitting my first annual report, having been appointed as Mr. Dingsdale's successor following his retirement in May. I would like to record that I am indebted to Mr. Dingsdale for the experience he allowed me to acquire as his Deputy, which I am sure has reflected in a measure of continuity in the work of the department following his retirement.

In spite of the severe winter, with the consequent reduction in building activity, private development in the principal urbanised areas maintained a steady growth. There is little doubt that the demand for an open and select site on which to build, in the country, is becoming very popular.

The 100% meat inspection service has progressed smoothly and it is significant to note over the year the incidence of tuberculosis in pigs has fallen from 2.27% to 1.9% whilst the overall total of carcase meat inspected has increased by no less than 12.4%.

One of the most pressing problems of the department is the need for improved office accommodation, which is now becoming acute. The Council will have to give serious consideration to this matter next year.

The other problem concerns the general labour force of the department, which over a period of years has become strained. So long as the district continues to grow in terms of the services it offers, then adequate provision must be made to staff the extensive new sewerage schemes provided post war and those schemes now before the Ministry for consideration. The Council can rightly claim to have a very efficient maintenance system on all their pumping equipment and many miles of sewers including works, but the general public appear less tolerant of occasional breakdown, so that where difficulties are encountered they must be dealt with quickly. The recently introduced weekly refuse collection scheme will also have to be re-assessed with the possible acquisition of a larger and more efficient vehicle to replace the small Karrier Bantam. Next year it will be necessary to employ additional staff to cater for the man hours lost through holidays and sickness.

The "new team" have settled down very well and I would like to express my thanks to all members of the department, including the foreman and workmen for their loyalty and co-operation. I would also like to express my appreciation to the Chairman and Members of the Council, the Chairman of the Public Health Committee and the Medical Officer of Health for their encouragement, friendly co-operation and advice freely given to me during the past year.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

G. TEALE.

1. **WATER SUPPLIES**

(a) **Private Supplies**

The following communities are provided with private supplies piped into houses:—

Ripley

Nidd

Walkingham Hill.

Nidderdale Rural District is effectively supplied with piped water (public and private) and the number of premises so connected now exceeds 97%; only a few isolated farmhouses rely on wells and bore-holes.

32 samples of water were taken during the year from private sources. 31 were submitted to the Public Health Laboratory for bacteriological examination and the other for chemical analysis. The latter proved satisfactory but 19 of the samples for bacteriological examination were unsatisfactory. These were derived from properties in Kettlesing village to support action against the individual owners to connect their houses to the public supply already provided by the Claro Water Board.

The Ripley village private supply is derived from a land spring and is chlorinated. During the year 6 samples were taken from this supply; all of which proved to be satisfactory.

(b) **Public Supplies.**

Two statutory water undertakers supply the area with water—i.e. The Claro Water Board and the York Waterworks Department and there is no risk of plumbo solvency. Further details of the various villages served may be found under the heading of general statistics, 1962 on Pages 74 and 75.

The percentage of dwelling houses now connected to public supplies is 91%.

In addition to samples taken by the officers of the undertakers there were 17 routine samples of water taken from public mains at various points in the district by your staff. 16 of these were submitted for bacteriological examination and one for chemical analysis, all of which complied with the standards laid down by the Ministry.

Negotiations are in progress with the Claro Water Board for the provision of a public supply to the York Road area, Hessay and by the end of the year the Board had prepared a scheme.

The parish of Plompton is served by a private supply fed from a reservoir filled from the public water mains through a bulk meter. This supply which was originally installed and maintained by the estate, became the responsibility of many different owners when the estate was split up and sold. Complaints are continually being made concerning the inadequacy of the water to certain properties, principally due to leaking and defective mains which are old and lacking in maintenance and flushing. At the end of the year a detailed investigation was in progress.

2. (a) **Drainage, Sewerage and Sewage Disposal**

During the year the rising main and gravity sewer was completed between the Poppletons and the newly acquired Rufforth Sewage Works, thereby disconnecting all sewage from the York Corporation sewers. At the same time the village of Knapton was completely re-sewered and all properties connected to the system. The Council agreed to renew the sewage pumps in the three pumping stations at Upper and Nether Poppleton within three years. Originally installed in 1937, the pumps had become very worn and grossly overloaded as a result of the ever expanding development in this locality and during the year the renewal of the pumps in No. 1 (Millfield Lane) Station was completed.

Towards the end of the year the extension to Rufforth sewage works was still in progress, together with the work of re-sewering the villages of Hessay and Rufforth.

For some considerable time a defective length of existing sewer at Spring Gardens, Boroughbridge, has choked and given rise to very unpleasant conditions on the nearby Housing Estate, due to the backing up of foul drainage. A scheme to divert and re-lay a section of this sewer was prepared in the office and has received Council approval. Provision is made in this scheme to re-lay a deep and troublesome sludge outlet pipe which drains the humus tanks at Tutt Valley Sewage Works, Boroughbridge.

Negotiations continued with the Thirsk Rural District Council for the reception of sewage from the Langthorpe area to the Tutt Valley works at Boroughbridge and towards the end of the year draft proposals of an agreement were formulated and submitted to the Ministry of Housing and Local Government for approval.

Schemes prepared by the Council's Consulting Engineer to enlarge the Tutt Valley Sewage Works and the sewerage of Arken-dale, Coneythorpe, Flaxby, Great Ouseburn, Little Ouseburn, Upper and Lower Dunsforth, parts of Marton-cum-Grafton,

Ferrensby and Staveley and the village of South Stainley are still awaiting Ministerial approval. As a result of these submissions and in connection with the proposals, a detailed survey was carried out by your officers of farms. The purpose of the investigation was to estimate the amount of farm drainage likely to be discharged into the new sewers and also the amount which is at present being discharged into existing sewerage systems.

The Council instructed the Consulting Engineer to prepare a scheme to provide a new sewage disposal works at Killinghall for the purpose of re-placing the unsatisfactory land treatment works. In addition the new works would receive sewage from the villages of Hampsthwaite and Ripley, thereby connecting these villages to one central works and abolishing the existing obsolete works at Hampsthwaite and Ripley. A further extension of sewers to Kettlesing is to be included.

Throughout the year regular maintenance has been carried out by the Council's Foreman and outside staff on all sewers and sewage disposal works to ensure their satisfactory working. A local firm of Contractors carry out electrical maintenance in pump houses and ejector stations but other faults to pumps are largely rectified by the Council's own staff.

(b) Trade Effluents

The Public Health Act, 1961, now includes farm drainage under the definition of Trade Effluent which entitles the Local Authority to make charges for the reception of such waste into their sewers. The Council have appointed a special Sub-Committee to investigate this complex problem and the basis on which these charges are to be made.

The Trade Effluent Agreement originally drawn up in 1955 between the Council and the Industrial Laundry at Boroughbridge is still in force and in accordance with the terms of the agreement every effort is made to ensure that this factory discharges its effluent into the sewers to the standards laid down.

(c) Cesspool Emptyier

It is now 9 years since this vehicle was bought by the Council for the purpose of emptying private cesspools and septic tanks for which a nominal charge is made. The vehicle is extremely useful to the Council in assisting in the day to day problems which arise at their sewage works as well as being in great demand by members of the public. Unfortunately as a result of continued and extensive

use the reliability of this vehicle has diminished and continues to cost the Council a considerable amount on maintenance and the renewal of parts. The time is rapidly approaching when serious consideration should be given to its replacement by a vehicle of more robust up-to-date design.

An income of £294 .17.6 was derived from private owners during 1962.

(d) Rivers, Streams and Watercourses

The Rivers (Prevention of Pollution) Act, 1961 makes it necessary for consent to be obtained for pre. 1951 sewage discharges to rivers and streams and it is anticipated that during the next year regulations will be made by the Minister under this Act to appoint the date when applications for such discharges must be submitted to the appropriate Rivers Board.

I would like to record the Council's appreciation for all the advice and assistance given by the officers of the Yorkshire Ouse River Board to your technical staff with a view to maintaining the quality of the final effluent being discharged to streams from the various sewage works as well as private sources.

Samples are frequently taken for analysis with a view to effecting improvements in these effluents. It is again pointed out that two separate septic tank designs (which have the approval of the Rivers Board) are available for the use of Architects, Builders and other members of the general public desirous of constructing such installations where a public sewer is not available. Every effort is made to standardise all new installations to these designs and members of your staff continue to give guidance and advice on any drainage problems where required.

(e) Sanitary Accommodation and Privy Conversions

STATE OF SANITARY ACCOMMODATION

Privies	...	...	284
Pails	...	...	26
W.C.'s	...	...	4,758

The number of earth closets and pail closets converted to W.C.'s during the year amounted to 38, of which 33 were covered in either Discretionary or Standard Grant Schemes. Where possible, every encouragement is given to the individual owner or occupier to convert existing dry closets to W.C.'s and it is found that the majority of applications for Discretionary Grants include this

amongst other items which are eligible for Grant purposes. All plans of new dwelling houses approved by the Council under their Building Byelaws included waterborne sanitation.

3. **CLEANSING**

(a) **Collection**

The whole of the district is divided into five areas for collection purposes. Due to the rapid expansion in the Poppleton area it is becoming increasingly difficult to maintain a weekly collection. The time is approaching when the Council must consider a larger capacity vehicle, the provision of which would reduce the number of visits to the Green Hammerton refuse tip, which is a comparatively long haul.

In spite of operational difficulties, due to Bank Holidays and vehicle breakdowns, every attempt has been made to maintain the weekly collection. In one particular collection area where part of the area is sparsely populated, difficulty is encountered in maintaining a regular weekly collection, nevertheless, this rarely exceeds a 9-day interval.

All vehicles are greased and serviced at the Lingerfield Depot and drivers are required, apart from exceptional circumstances, to wash and cleanse their vehicles weekly.

The Shelvoke and Drewry Vehicles are checked by a works fitter several times each year and his report is submitted for appropriate action. From time to time it is necessary to send for parts for these vehicles direct to the factory, but I am pleased to report that every assistance is given by the service department who despatch the items required as quickly as possible, thereby minimising the time lost due to breakdowns.

In accordance with the Council's policy the vans of the General Foreman and the Rodent Officer were again exchanged after one year. It is becoming apparent that the "trade-in" value is not as attractive as it was a few years ago so that in future the Council may wish to keep these vehicles longer with a possible bi-annual exchange.

In order to maintain a stand-by staff on Saturday mornings for emergency purposes and the maintenance of vehicles, each workman has one Friday afternoon off per month in order to be on duty the following morning; the five day working week is thus maintained.

(b) Disposal

The method of disposal of household refuse is by controlled tipping at the two established sites at Lingerfield and Green Ham-merton. It has now become apparent that the latter tip (rented from the West Riding County Council) is not capable of taking much more refuse and an alternative site in this locality must be found; otherwise there will be no alternative but for collection vehicles serving the York end of the district to tip at Lingerfield.

The Lingerfield site continues as a central depot where all vehicles and equipment are garaged when not in use, with the exception of the Foreman's van which is used to convey the outside staff into Knaresborough at the close of each working day. This van is garaged at the rear of the offices.

During the year an approach was made to the Council by a private Contractor for permission to dispose of household refuse at Lingerfield from the Army Camp, Penny Pot Lane, Killinghall. The Contractor had recently taken over a contract from another firm who removed the refuse to a site outside this area. Because of the difficulties involved in disposing of this refuse the Council acceded to his request.

Both tips are maintained in a neat and tidy condition by the Massey/Ferguson "65" diesel engined tractor which has proved a useful asset to the department since its purchase in 1960. This tractor and trailer is also invaluable in handling dried sludge at the various sewage works within the district, saving a considerable amount of time in what used to be a job done by hand labour.

In spite of the 6 ft. high chain link fencing which surrounds the Lingerfield Depot together with the "No Trespassing" notices which are posted, on two occasions unauthorised persons were seen within the tipping area. The police were informed of these incidents but the persons managed to get away without being caught. On both occasions very little damage had been caused and there was no evidence of theft.

(c) Salvage

					£	s.	d.
1957	...	...	...	...	457	6	9
1958	...	...	...	...	376	10	1
1959	...	...	...	...	550	11	7
1960	...	...	...	...	437	18	2
1961	...	...	...	...	782	10	10
					<hr/>		
					£2,604	17	5
					<hr/>		

Analysed figures of recovered materials for the year ending 31st December, 1962:—

	Tons	Cwts.	Qtrs.	Lbs.	£	s.	d.
Paper	33	—	1	—	198	13	8
Metals	26	4	—	10	234	18	8
Rags	7	19	—	15	130	7	11
Cullett	41	1	—	—	71	16	9
					<hr/> £635 17 0 <hr/>		

The amount of salvage collected, with the exception of paper, is in excess of 1961 figures but the total value of salvage recovered is less. It is of significance, however, that the value of paper has dropped by £1 per ton since last year.

4. PUBLIC CONVENIENCES, BOROUGHBIDGE

The new public conveniences in St. Helena, Boroughbridge, have proved to be a considerable advantage to travellers on the Great North Road as well as the local visitors. Trouble is still experienced with vandalism in spite of every precaution being taken and a constant watch kept by the police and nearby residents. This unwarranted damage is synonymous with this type of structure and whilst it is extremely annoying to think that members of the general public treat these facilities, which are provided for their benefit, with disrespect, it must it appears be accepted when the persons responsible cannot be caught.

Due to the severe weather towards the end of the year, considerable damage was caused by burst pipes, together with pedestals and flushing systems freezing up. In spite of a daily visit by the outside staff, there were times when none of the toilets were suitable for use and it is fortunate that no fittings were cracked or seriously damaged. Every credit must be given to the staff cleansing and maintaining the conveniences for their intelligent approach to the problem. It is hoped that future winters are not as rigorous as this one, but the only way to combat these conditions is to install some form of heating equipment. This is difficult to justify in view of the vandalism referred to.

The income derived was £232.9.6 which gives an approximate indication of the many thousands of persons making use of the conveniences.

5. HOUSING

(a) Existing Houses

In 1960 it was reported to the Ministry of Housing and Local Government that 49 houses remained individually unfit for human habitation and were to be dealt with in a 5 year programme to complete the slum clearance programme. There remains 17 houses to be represented to the Council as being unfit for human habitation and not capable of repair at a reasonable expense. The number of houses demolished during the year being the subject of Demolition or Closing Orders, totalled 7.

One case of overcrowding was discovered and the owner of the cottage concerned was approached and readily agreed to find the family larger alternative accommodation to abate these conditions.

There were no Certificates of Disrepair granted or cancelled under the Rent Act, 1957 during the year.

Your officers continue to work in close liaison with owners and occupiers and much is done to remedy various defects and complaints by informal action and a common-sense approach to the problems encountered. The general standard of housing within the area improves steadily year by year as a result of new and modern ideas and techniques and the Council can be justifiably proud of playing its part in encouraging owners to take advantage of the Grants available for improving their property .

(b) New Houses

The number of new houses completed was:—

Private Enterprise	...	...	93
The Local Authority	...	...	8
			<hr/>
			101
			<hr/>

Whilst these figures indicate a decrease over the previous year they compare very favourably with other years.

1961	Private Enterprise	152	Local Authority	17
1960	„	93	„	12
1959	„	86	„	Nil
1958	„	66	„	10

The Poppleton area together with the villages of Hampsthwaite and Killinghall continue to expand and account for one-third of the total number of houses completed during the year. The close

proximity of these villages to York and Harrogate contribute largely to their expansion. It is becoming more apparent that certain sections of the population choose to live in a village atmosphere and yet still be convenient to their place of employment. Intending developers much prefer the individual plot and selective building is much sought after in all villages.

The number of houses under construction at the end of the year was:—

Private Houses	...	...	39
Council Houses	...	...	Nil

The detailed examination of deposited plans and the inspection of proposed sites are essential before these can be submitted to the Council for consideration. This, in conjunction with the inspection and supervision of building work in progress, forms a considerable proportion of the time of the technical staff. A high degree of co-operation exists between the departments and Architects, Estate Agents, Surveyors and indeed Building Contractors, which is essential if a smooth and efficient system of administration is to be maintained.

Smoke testing and examination of new drainage systems continues to be carried out by the Rodent Officer in conjunction with his other duties.

6. **Town and Country Planning and Building Control**

(a) **Planning**

Plans deposited under the Building Byelaws for approval	...	...	...	...	...	256
Applications for Planning permission (includes withdrawals)	...	...	...	...	...	289
Applications under the Control of Advertisement Regulations (5 refused and 1 withdrawn)	...					12
						<hr/> 557 <hr/>

I would like to record my appreciation to the Area Planning Officer and his staff for the helpful and co-operative manner in which they have assisted in giving advice and guidance on day to day planning problems arising in the department.

During the year 12 Appeals were made to the Minister against the Council's refusal to grant planning permission; 10 appeals were dismissed, 1 withdrawn and 1 allowed.

54 applications for planning permission were refused, but there were no refusals under the building byelaws. 97 applications for garages, porches, sheds, etc. were also dealt with as "exempted" buildings; these figures not being included in those mentioned above.

(b) Housing (Financial Provisions) Act, 1958 and House Purchase and Housing Act, 1959

The principal objective of Standard and Discretionary Grants is to encourage owners to provide services and amenities in houses which are sound but which were built to a lower standard than is now generally acceptable. A secondary objective, which must not be overlooked, is to encourage the provision of additional satisfactory dwellings, either by converting the large outmoded house from one dwelling into a number of flats or by converting an old building into one or more dwellings

A further justification for making grants from public funds, apart from the improvement in living conditions, is that unless prompt action is taken, houses which were built without the amenities expected in a modern house will degenerate into slums.

All possible guidance and advice is given to both owners and prospective purchasers in the improvement of sub-standard dwellings. Under normal circumstances an inspection is carried out on the property concerned in the presence of the owner or his representative and the various alternatives for the submission of a scheme of improvement are discussed before plans are prepared and formal application made. This method of approach takes a considerable amount of your technical officers' time but it is felt that the ratepayer is given a first-hand knowledge of the implication of these two types of grant. It is in this way that he is encouraged and persuaded to go ahead with what often starts off as a casual enquiry. It has been found that this procedure acts as a type of advertisement for the grants which the Council make available when satisfied applicants discuss their own experiences with neighbours.

On receipt of applications for Discretionary Grants the estimated cost of improvements as distinct from repairs (which are not eligible for grant) are calculated and are based on a priced schedule comparable with what such work would cost on the Council's own property.

The Ministry of Housing and Local Government, in a circular issued this year, giving guidance on this subject, have stressed that it is important that applications should be dealt with quickly. If not, private individuals would be deterred from seeking a grant if they are afraid that the process would be laborious and long-drawn out. This Council and its officers have, since the inception of grant schemes, prided itself in the speed with which applications are dealt with. A straight-forward application, if submitted properly (early in the calendar month) can be approved by the Council and ownership proved by the end of the same month; an applicant is thus able to commence works within 28 days of submitting his application.

Statistics in respect of grants for the year are as follows:

Total number of applications received for both
types of grants 68

Discretionary Grants

Number of Grants approved (includes conversions)	...	...	...	...	...	40
Number of Grants refused	...	...	...	...	...	2
Number of Grants completed	...	...	...	...	...	41
Total value of Grants approved	...	...	...	...	...	£10,489

Standard Grants

Number of Grants approved	...	...	...	...	30
Number of Grants refused	...	...	...	...	1
Number of Grants completed	...	...	...	...	20
Total value of Grants approved	...	...	...	...	£3,595

Since September, 1954, 452 Grants have been approved
to a total value of £81,511

The total number of Grants actually paid are as follows:—

Discretionary	324	Total value	...	£57,793
Standard	65	Total value	...	£5,753

It is significant that the number of Standard Grants approved this year is the highest since they were first introduced in 1959. Under normal circumstances, the local authority are not in a position to refuse an application for a Standard Grant where the statutory requirements are met, and it is of interest to note that one such application was refused by the Council during the year, due to the close association of the dwelling with business premises.

The payment of the Standard Grant differs from that of the Discretionary in that the Grant paid to the applicant is 50% of the

actual cost of the work involved to provide the requisite standard amenities; whereas the Grant in the case of the latter is determined prior to the commencement of work. On completion of the work the Contractor's final accounts are carefully checked by your Technical Staff and the Grant payable to the applicant is calculated. Difficulties do arise, particularly when work other than that eligible for Grant has been done at the same time and included on the same account.

The number of Discretionary Grants approved this year compares favourably with the previous year and since 1959 an average of 40 grants per year has been maintained.

(c) Tents, Vans and Sheds

Five caravan sites are licenced under the Caravan Sites and Control of Development Act, all of which, with the exception of 8 caravans on one site, are for holiday and recreational purposes during the summer months.

They are:—

Brearton	...	...	...	...	...	8
Killinghall		...	...	...	...	43
Roecliffe Village	...		...	...	...	20
Bar Lane, Roecliffe			...	...	...	100
Scotton	...	...	...	...	...	25

During the year the owners of these sites have steadily carried out improvements in order to comply with the more stringent conditions which were attached to their licences as a result of Model Standards prescribed by the Ministry. Four of the five sites have now been in use for some considerable time and in three instances new toilet blocks have had to be constructed to provide proper sanitary accommodation to the standards laid down, as well as additional stand pipes, fire fighting equipment and hard standings.

I am pleased to report that all sites are satisfactorily maintained and now comply with the requisite requirements with the exception of one where a new toilet block is not quite completed.

During the year there were 6 new individual caravan licences granted, making a total of 11 now licenced within the district. New licences are only issued after permission has been obtained under the Town and Country Planning Acts and are only granted for short term periods.

7. Meat and Other Foods

(a) Food Premises

The number of food premises within the district may be summarised as follows:—

Bakehouses	...	...	...	...	3
Butchers' Shops	...	...	...	...	12
Slaughterhouses (licensed)	...	...	...	...	7
Cafes (Snacks and Grills only)	...	...	...	...	14
Restaurant Kitchens	...	...	...	...	21
Licensed premises	...	...	...	...	64
Fried Fish Shops	...	...	...	...	6
Wet Fish Shops	...	...	...	...	3
School Canteens	...	...	...	...	3
Grocers' Shops	...	...	...	...	44
Ice-cream premises	...	...	...	...	54
Sweets only	...	...	...	...	12
Clubs	...	...	...	...	4
Fried Fish Restaurants	...	...	...	...	4

NOTE: Some food premises may come under one or more of the above mentioned categories.

There has been no appreciable increase in the number of food premises within the area but regular inspections have been carried out by your officers and every opportunity has been taken to impress upon food handlers the need for good hygienic practices when handling open food.

Regular inspections have also been carried out on mobile shops operating within the area and it is pleasing to note that more of these vehicles are purpose built for the trade rather than being converted for it.

(b) Licensed Premises

There are 64 licensed premises in the area and your officers have met the representatives of Brewery Companies on a number of occasions to suggest improvements which may be made to these premises.

(d) Butchers' Shops

There are 12 Butchers' Shops, 5 of which have licensed slaughterhouses attached to them. The major portion of the meat sold in these shops is bought by the butchers "on the hoof" and in the case of butchers not possessing slaughterhouse facilities of their own, the animals are slaughtered in licensed premises elsewhere.

(e) Slaughterhouses

The 7 licensed slaughterhouses within the district comply in all respects with the Slaughterhouses (Hygiene Regulations) and the Slaughter of Animals (Prevention of Cruelty Regulations) and the meat produced there is of a very high standard. These slaughterhouses are inspected at regular intervals by a Veterinary Surgeon appointed by the Ministry of Agriculture, Fisheries and Food. All are attached to individual Butcher's Shops with the exception of a large wholesale premises at Hampsthwaite.

It is of importance to note that your three qualified Meat Inspectors maintain a 100% inspection of all animals slaughtered in these slaughterhouses.

The wholesale slaughterhouse is used as a centre for the dead-weight grading of cattle, pigs and lambs under the Fatstock guarantee scheme.

The effects of The Ministry Tuberculosis Eradication Scheme has been demonstrated in this area by the considerable decrease over the last few years of the evidence of Tuberculosis in carcase meat, organs and offal in cattle rejected as unfit for human consumption by your inspectorate.

Condemned meat is stained and removed from each slaughterhouse by a member of the Council's staff and taken to a central store at Hampsthwaite. It is then collected by an animal bi-products firm, licensed to process this type of material. An income of £43.15.3 was derived from this condemned meat.

The amount of grant derived from the Ministry in connection with "export meat" which is inspected by your staff amounts to £117.11.7.

Carcases inspected and condemned

	Cattle (Excluding Cows)	Cows	Calves	Sheep and Lambs	Pigs	Total
Number killed	1742	148	219	6825	6472	15,406
Number inspected	1742	148	219	6825	6472	15,406
All diseases except Tuberculosis Whole carcases condemned	—	—	2	3	4	9
Carcases of which some part or organ was condemned	197	50	8	88	552	895
Percentage of the number inspected affected with disease other than tuberculosis or Cysticerci	11.3%	33.7%	4.5%	1.3%	8.5%	—
Tuberculosis only Whole carcases condemned	1	—	—	—	1	2
Carcases of which some part or organ was condemned	5	1	—	—	128	134
Percentage of the number inspected affected with tuberculosis	0.3 %	0.6%	—	—	1.9%	—
Cysticercosis Carcases submitted for refrigeration	1	1	—	—	—	—

(f) Milk Supply

The issue of licences to retail various types of milk is the responsibility of the West Riding County Council who are the Food and Drugs Authority.

As a result of a boy being admitted to hospital suffering from a Brucella Abortus infection, the department investigated the raw milk supply to the premises where the boy resided. A member of the department, accompanied by the Divisional Veterinary Officer to the Ministry of Agriculture, Fisheries and Food took various samples from the farm in question and these were submitted to the laboratory for examination. After several samples at different intervals had been taken, it was eventually discovered that two cows only were excreting the Brucella organism in their milk without any evidence of a case history. With the co-operation of the farmer, the milk from these two animals was rendered safe by pasteurisation and the bottling of raw farm milk confined to the other animals in the herd.

8. Prevention of Damage by Pests Act, 1949

During the year the sewers in 18 villages were examined for rodent infestation. One in every 10 manholes is pre-baited and left for 3 days when a second visit is made to determine whether any bait has been taken. All the sewerage systems were found to be clear of rats with the exception of Brearton, Whixley and Nun Monkton. Further baiting and poisoning was carried out on completion of which the manholes were re-inspected and found to be clear.

The majority of the farms and small-holdings in the district are inspected annually by the Council's Rodent Officer to determine the incidence of rats. Major infestations are few and far between but proper treatment is carried out where any type of infestation is found to exist. It is of interest to note that the annual contracts for treatment are gaining in popularity and it is obvious that this system must be giving the farmers satisfaction and value for the £5 per contract per annum involved. The Council derived an income of £199.8.0 from all rodent control work carried out during the year.

The minimum charge remained at 35/- but the average cost for a series of treatments was £1.17.6.

Inspections carried out:—

Land and Works under the jurisdiction of:

The Local Authority	...	...	...	57
Private Dwellings	...	...	...	67
Business Premises	...	...	...	59
Farms	...	...	...	553
				<hr/> 736 <hr/>

Initial visits were made as follows:

Local Authority properties and land	...	...	...	...	20
Dwellings	...	...	...	...	30
Business Premises	...	...	...	...	7
Farms	...	...	...	...	143
					<hr/> 200 <hr/>

9. Nuisances

At the end of 1961 there were two informal notices for the abatement of nuisances outstanding and a further 41 notices were issued during the year, out of which 39 nuisances were abated. In addition to the informal notices, one statutory notice was issued and this, together with one outstanding at the beginning of the year was subsequently abated and legal proceedings were not necessary.

Difficulties were experienced due to the rain penetration of defective roofs caused by gale-force winds during February. Both labour and materials were unobtainable to carry out immediate repairs because of the widespread demand. By the end of the year nearly all the damage had been remedied.

10. Petroleum Consolidated Regulations

The Fire Service Department continues to peruse drawings submitted for new installations before they are considered by the Council and a copy of their recommendations is sent to the applicants for implementation.

During the year the Divisional Fire Officer of the West Riding County Council offered to undertake a survey of all existing petrol

installations other than those which had been installed recently. A list of all petrol storage installations within the district was forwarded to him and I am given to understand that the survey of these was in progress by the end of the year. I am indebted to the Divisional Fire Officer and his staff for their close co-operation, guidance and assistance which is readily available at all times.

Work on the installation of underground storage tanks is closely supervised by the Fire Department and the tanks tested prior to being brought into use. There are now 66 premises licensed to store petroleum spirit; this covers a total storage of 112,880 gallons and the income from licences was £54.5.0.

11. Clean Air Act, 1956

During March a firm of Consultant Engineers in London were commissioned to design a new boiler house at the Army Apprentice School, Pennypot Lane, Killinghall and this department was invited to submit any observations they might have on these proposals. It was suggested that the proposed installation should be, as far as practicable, "smokeless" and the Consultants were asked to submit details of the scheme when they were available. So far, no further details have yet been received.

No problems arose in connection with the control of industrial smoke during the year and I am pleased to report the completion of a new boiler house installation at a local hospital. Previous efforts have been continued to persuade builders carrying out estate development to install smokeless fuel appliances which will help to minimise the amount of domestic smoke emitted.

12. Local Land Charges—Requisition for Official Search

During the year 386 official searches were dealt with by the Department (requisitions for information by Solicitors in connection with properties within your area which are, for the most part, changing hands).

Whilst the Clerk's Department are principally responsible for dealing with these documents a great deal of time is spent by this Department in locating properties (often referred to without any plan), declaring planning consents, drainage details, official notices, improvement grants, etc.

13. Factories Acts, 1937 to 1959

A total of 112 premises are registered which is almost the same as the previous year.

PART I OF THE ACT

Inspections for purposes of provision as to health (including inspections made by Public Health Inspectors).

	No. on Register (2)	Number of		
		Inspections (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	5	2	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	98	26	—	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	9	9 (Building operations)	—	—
Total ..	112	37	—	—

Plans of new factories which are deposited under the Council's Building Bye-Laws are forwarded to the Divisional Fire Officer and H.M. Factories Inspector for observation and their recommendations are noted when consent is being given by the Council.

New industrial buildings, using certain forms of heating, must have the roof constructed to comply with certain standards of Thermal Insulation which are prescribed. A close watch is kept on all new plans submitted to the Council.

Cases in which DEFECTS were found.

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	To H.M. Inspector (4)	Referred By H.M. Inspector (5)	
Want of cleanliness (S.1)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6) ..	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient ..	—	—	—	—	—
(b) Unsuitable or defective ..	1	1	—	1	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Out-work)	1	1	1	—	—
Total ..	2	2	1	1	Nil

Part VIII of the Act
Outwork
(Sections 110 and 111)

Nature of Work (1)	No. of out-workers in August list required by Section 110 (1) (C) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of instances of work in unwholesome premises (5)	Notices served (6)	Prosecutions (7)
Wearing apparel Making etc., cleaning and washing	7	—	—	—	—	—
Total ..	7	—	—	—	—	—

14. Public Swimming Baths

There are no public swimming pools within the area. One privately owned pool is open to members of the general public. These open-air swimming facilities are confined to the summer months and the pool is filled from the public main. A small automatic chlorination and filtration plant is incorporated to maintain satisfactory condition of the water during the intervals between emptying and re-filling.

The "learner type" swimming pool on trial at a School in the area is now permanent. It is filled and replenished weekly from the public main, incorporates a "filter" and is also hand chlorinated.

GENERAL STATISTICS, 1962

Parishes	Acreage	Council Houses	Private Houses	Private Households occupied	Estimated Population as at beginning of the year	Dwellings on Piped water
* Allerton-Maulever-with-Hopperton ..	2,282	—	28	28	102	19
* Arkendale ..	1,604	4	36	40	123	37
* Boroughbridge ..	3,751	154	415	569	1,738	560
* Brearton ..	1,565	—	35	35	100	33
* Burton Leonard ..	1,797	20	140	160	459	154
* Cattal ..	1,126	—	38	38	110	33
* Coneythorpe & Claretton ..	808	—	13	13	44	11
* Copgrove ..	861	—	22	22	73	20
* Dunsforths ..	1,407	—	32	32	98	32
* Farnham ..	1,043	—	41	41	106	39
* Felliscliffe ..	2,628	—	77	77	261	75
* Ferrensby ..	424	12	33	45	105	42
* Flaxby ..	718	4	9	13	53	11
* Follifoot ..	1,457	28	100	128	386	127
* Goldsborough ..	1,787	6	45	51	161	49
* Great Ouseburn ..	2,133	24	100	124	347	121
* Great Ribston-with-Walshford ..	1,935	—	36	36	117	30
* Green Hammerton ..	1,206	51	114	165	497	163
* Hampsthwaite ..	1,138	41	180	221	565	213
* Haverah Park ..	2,246	—	11	11	44	8
* Hessay ..	1,256	6	24	30	104	27
* Hunsingore ..	1,159	4	35	39	108	36
* Killinghall ..	2,945	58	442	500	1,509	495
* Kirby Hall ..	427	—	10	10	29	8
* Kirk Hammerton ..	1,089	27	110	137	377	134
† Knapton ..	869	—	35	35	87	27
	39,661	439	2,161	2,600	7,703	2,504

Parishes	Acreage	Council Houses	Private Houses	Private Households occupied	Estimated Population as at beginning of the year	Dwellings on Piped water
B/Forward	39,661	439	2,161	2,600	7,703	2,504
*Knaresborough Outer	1,406	—	20	20	84	12
*Little Ouseburn	706	14	47	61	173	60
*Marton-with-Grafton	2,474	24	92	116	344	112
*Moor Monkton	3,069	4	50	54	152	47
P.Nidd ..	1,204	2	35	37	106	35
*Nun Monkton	1,776	10	67	77	222	75
*Pannal (Beckwithshaw)	2,193	—	81	81	242	78
*Plompton ..	1,911	—	31	31	98	29
†Poppleton Nether	1,285	47	163	210	577	200
†Poppleton Upper	1,401	50	476	526	1,365	476
P.Ripley ..	1,643	—	64	64	171	60
*Roecliffe	1,862	8	62	70	227	68
*Rufforth	2,466	21	61	82	254	77
*Scotton	1,129	14	121	135	389	135
*Scriven ..	832	—	40	40	130	40
*Stainley-with-Cayton	2,131	8	40	48	157	44
*Staveley ..	1,425	34	63	97	273	92
*Thornville	264	—	6	6	20	5
*Thorpe Underwoods	2,246	4	21	25	82	20
P.Walkingham Hill-with-Occaney	427	—	9	9	29	7
*Westwick	422	—	2	2	7	1
*Whixley	2,375	54	121	175	513	168
*Widdington	701	—	3	3	9	2
	\$75,009	733	3,836	\$ 4,569	\$ 13,327	4,347

N.B. * Claro Water Board
† York Waterworks
P. Private Piped Supply

\$ Based on 1961 Census figures

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